

nghature - (Addressee or Agent

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Form 3811 W-01445A-02-0619

DOMESTIC RETURN RECEIPT

POSTAGE POSTMARK OR DATE 0 RETURN RESTRICTED DELIVERY FEE 0.00 RECEIPT 2.30 CERTIFIED FEE SERVICE 1.75 RETURN RECEIPT FEE SENT TO: TOTAL POSTAGE AND FEE 4.42

> **AZRS** 2627 N. Third Street Suite Three Phoenix, AZ 85004-1103

PS FORM 3800 W-01445A-02-0619



RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(SEE OTHER SIDE)

Received By: (Print Name) . Article Addressed to: omplete items 1,2 and 3.

dicate if restricted delivery is desired.

"int your name and address on the reverse of this form so that we can return this card to you.

Affact this form to the front of the maliplece, or on the back if space does not permit.

Write "Feturn Receipt Requested" on the maliplece below the article number.

The Return receipt Fee will provide you the signature of the person delivered to and the data of silvery. Suite Three **AZRS** 2627 N. Third Street Phoenix, AZ 85004-1103 Enter delivery address if different than item 1. 3. Service Type. Date of Delivery 7180 5335 1300 0000 9627 O I also wish to receive the following service (for an extra fee): Consult postmaster for fee. Restricted Delivery N **⊠ CERTIFIED** 9

UNITED STATES POSTAL SERVICE Affizona Corporation Commission

DOCKETED BY

1200 W. Washington St Docket Control Arizona Corp. Commission AZECORP COMMISSION

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First-Class Mail Postage & Fees Paid USPS Permit No. G-10